MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11269

Reg. Dist. No. 30-1

1. PLACE OF DEATH:

County Washington County

City or town Near Williamsport, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Baker

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife Anna Baker

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8 1851

8. AGE: Years	Months	Days	If less than one day
88	3	28	hrs. min.

9. Birthplace Harmony Fredrick Co. Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Ezra Baker

13. Birthplace Harmony Fredrick Co Md.

MOTHER 14. Maiden name Elizabeth Stine

15. Birthplace Harmony Fredrick Co Md.

18. Informant Mrs. Charles Davis (daughter

Address Near Williamsport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 8 1939 (month) (day) (year)

Cemetery or crematory Manor Cemetery

Location Near Bakersville Md.

18. Funeral director Edith V Leaf

Address Williamsport, Md.

19. Nov. 7 1939 (Date rec'd by registrar) Mrs Edee M. McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1939, at 1.40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1939, to Nov 6 1939, and that I last saw him alive on Nov. 5 1939.

Immediate cause of death	DURATION
Myocarditis Chronica	unknown
Due to	
Due to	
Other conditions Arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Zimmerman M. D. or other

Address Williamsport Md Date signed Nov. 7-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

11270

Reg. Dist. No. 3 63

1. PLACE OF DEATH:
County Washington
City or town Rural - Clearspring, Md. R F D
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 45 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural Clearspring, Md Ward No. R F D
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Clearspring, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gertie Viola Barnhart

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Clinton Barnhart
6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Apr. 3, 1894

8. AGE: Years	Months	Days	If less than one day
45	7	26	hrs. min.

9. Birthplace Wash. County, Md.
(Town, county, and state)
10. Usual occupation Home Work
11. Industry or business

FATHER
12. Name Daniel Timmons
13. Birthplace Cumberland County, Pa.

MOTHER
14. Maiden name Barbara Wagaman
15. Birthplace Cumberland County, Pa.

16. Informant Mrs. Melvin Shackelford
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 2, 1939 (month) (day) (year)
Cemetery or crematory Blairs Valley Cemetery
Location Near Clearspring, Md.
18. Funeral director Snyder-Rowland Funeral Home
Address Clearspring, Md.

19. Dec 1 1939 (Date rec'd by registrar) J. W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29, 1939 - 2:20 A. M. at M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15, 1939, to Nov 29, 1939, and that I last saw h-- alive on Nov 28, 1939.

	DURATION
Immediate cause of death Chronic Brights -	4 mo.
Due to	
Due to	
Other conditions Chronic Endocarditis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David R. Brewer M.D.
M. D. or other
Address Clear Spring Md, Date signed 11/30/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

11271

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 157 S. Potomac Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 157 S. Potomac Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucy B. Battle

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas M. Battle
6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feby. 13, 18 71

8. AGE:

Years	Months	Days	If less than one day
68	9	4	hrs. min.

9. Birthplace Berryville- Clark Co., Va.
(Town, county, and state)
10. Usual occupation Home Duties
11. Industry or business

FATHER
12. Name John L. Zumbro
13. Birthplace ------- W. Va.

MOTHER
14. Maiden name Roxana Lanham
15. Birthplace Lexington, Va.

16. Informant Mr. Thomas M. Battle
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 18 1939 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.
18. Funeral director Fred W. Kraiss,
Address Hagerstown, Md.

19. 11-18- 19 39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 1939 - 11:10 o'clock P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1936, to Nov. 16 1939, and that I last saw her alive on Nov 16 1939.

Immediate cause of death Chronic Myocarditis
Myocardial insufficiency — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. F. Prather M. D.
Address Hagerstown Md. Date signed Nov. 17, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16 (T)

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11272

CERTIFICATE OF DEATH

(186a)

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1015 Pope Avenue

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1015 POpe Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ammanda Beall.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Daniel Beall

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 25, 1859.

8. AGE: Years	Months	Days	If less than one day
80	5	1	hrs. min.

9. Birthplace: Kemps Mills Frederick County, Md. (Town, county, and state)

10. Usual occupation: Home work.

11. Industry or business:

FATHER
12. Name: George W. Summers.
13. Birthplace: Unknown.

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: William Sellman (SOn)

Address: Hagerstown, Md.

17. (Burial, cremation, or removal. Which?) Date thereof: Nov. 29, 1939 (month) (day) (year)

Cemetery or crematory: Lutheran Church Cemetery.

Location: Myersvill, Md.

18. Funeral director: Fred W. Kraiss.

Address: Hagerstown.

19. 11-29- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 27 1939, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 15 1939, to Nov 19 1939, and that I last saw her alive on Nov 19 1939.

Immediate cause of death: Cardiac Thrombosis — DURATION: 2 wks

Due to: Fracture of femur; due to — 3 mo

Due to: Accidental fall, down twelve steps. In her home. C.W.G.R.

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident. Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) In her home.

Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: Wm Allan Brown M. D. or other

Address: 164 W. Wash. Date signed: Nov 20 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

CERTIFICATE OF DEATH

11273

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1206 Virginia Ave

Stay in hospital or inst. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1206 Virginia Ave.
(If rural, give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Mary Wallick Bearinger

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Josiah Bearinger

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April - 12 - 1863

8. AGE: Years	Months	Days	If less than one day
76	7	10	____ hrs. ____ min.

9. Birthplace Boonsboro Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name George Wallick
13. Birthplace Boonsboro Wash. Co. Md.

MOTHER
14. Maiden name Ann Elizabeth Wells
15. Birthplace Boonsboro Wash. Co. Md.

16. Informant Edward Bearinger
Address 1206 Virginia Ave. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 25-39 (month) (day) (year)

Cemetery or crematory Broadfording Cemetary

Location Broadfording Wash. Co. Md.

18. Funeral director Wm. J. Bart & Son

Address Boonsboro Md.

19. 11-24-39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1939, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1939 to Nov 22 1939 and that I last saw h[er] alive on 11/22 1939.

Immediate cause of death	DURATION
Arteriosclerosis	3
Hypertension	3
Due to Coronary occlusion	1 hour
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Md.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D.
M. D. or other

Address 136 W Washington St Date signed 11/24/39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

11274

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County
Stay in hospital or inst. (yrs., or mos., or days) 1 Day
Stay in this community (yrs., or mos., or days) 73 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 133 W. Franklin St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME J. Edward Beck

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widower

6 (b) Name of husband or wife Ella Beck

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 15-1866

8. AGE: Years	Months	Days	If less than one day
73	2	10	____ hrs. ____ min.

9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Retired Lumber Dealer

11. Industry or business " "

FATHER
12. Name Benjamin F. Beck
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden name Sophia Rose Ann Jones
15. Birthplace Washington Co Md

16. Informant Harry E. Beck
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 27-1939 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown, Md.

18. Funeral director C. M. Suter & Sons
Address Hagerstown Md.

19. 11-27-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1939, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXX 19__, to 19__, and that I last saw h alive on 19__.

Immediate cause of death: Hemorrhage jugular vein — DURATION: 11/24/39

Due to: Shock chronic — 11/25/39

Due to: Chronic myocarditis — 1936

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of Nov. 24(39
Where did injury occur? Hagerstown, Wash., Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury razor Injured at work? No

23. SIGNATURE S. Rohrbaugh Wells Deputy Med. Exam. Wash. CO., Md.
M. D. or other
Address Hagerstown, Md Date signed 11/25/39

RECEIVED
DEC 6 1939
BUREAU V. S.

11275

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8x-a)

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Garrettsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Rural

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 31 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Garrettsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Edith Eliza Bingham

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife David H. Bingham

B(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) October 31 1887

8. AGE:

Years	Months	Days	If less than one day
52	-	28	hrs. min.

9. Birthplace Burkettsville Fred. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER

12. Name Oliver Hightman

13. Birthplace Burkettsville Fred. Co. Md.

MOTHER

14. Maiden name Helen Dixon

15. Birthplace Hancock Wash. Co. Md.

16. Informant David H. Bingham

Address Knoxville Md.

17. Burial Date thereof 12 1 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Knoxville Cemetary

Location Knoxville Md.

18. Funeral director Coy J. Bast & Son

Address Boonsboro Md.

19. Dec 1st 1939 Cornelius H. Castle
(Date rec'd by registrar) Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1939, at 3.15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1939, to Nov 20 1939

and that I last saw him alive on Nov 20 1939

Immediate cause of death

Cerebral Hemorrhage

Due to Arterio-Sclerosis of Hypertension

Due to Arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

3 hrs

Several years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE. If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Thomas Brother M.D.
M. D. or other

Address Brunswick Md. Date signed 11-30-39

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

11276

Reg. Dist. No. 382

1. PLACE OF DEATH:
County: Washington County
City or town: Hagerstown, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Antietam St. Hagerstown, Md.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: 4th St. Hagerstown, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 4th St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Issac Melvin Boyer

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Martha Jane Boyer
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 3 1864

8. AGE: Years	Months	Days	If less than one day
74	11	5	hrs. min.

9. Birthplace: Taylors Landing (Town, county, and state)
10. Usual occupation: Messinger for Judge
11. Industry or business:
FATHER 12. Name: Samuel Boyer
13. Birthplace: Taylors Landing
MOTHER 14. Maiden name: Manervia McCoy
15. Birthplace: Taylors Landing
16. Informant: Mrs. Maud Kutlik
Address: Baltimore, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12 1939 (month) (day) (year)
Cemetery or crematory: Mountain View Cemetery
Location: Sharpsburg Md.
18. Funeral director: Edith V Leaf
Address: Williamsport, Md.
19. 11-11-1939 (Date rec'd by registrar) Grant Boevers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8 1939, at 3:20 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XX 19__, to 19__,
and that I last saw him alive on XX 19__.

Immediate cause of death	DURATION
Ventricular fibrillation	11-8-39
Due to Chr. myocarditis c decompensation	1935
Due to Mitral lesion	1936
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J. Robert Mills Deputy Med. Ex. Wash. Co. Md.
M. D. or
Address: Hagerstown, Md. Date signed 11-11-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
NOV 15 1939
PUBLISHED U.S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11277

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (159) CB

County Washington — Registration Dist. No. 302

Village or City Hagerstown — No. Wash. Co. Hospital St., 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Helen Lorsine Brant

(a) Residence: No. Mercersburg, Pa. R.D. St., ____ Ward. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of ____
(or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Nov. 19, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	—	—	1	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Mercersburg, Pa. R.D.
(State or country)

FATHER

13. NAME Theodore Brant

14. BIRTHPLACE (city or town) Franklin Co., Pa.
(State or country)

MOTHER

15. MAIDEN NAME Beulah Strait

16. BIRTHPLACE (city or town) Fulton Co., Pa.
(State or country)

17. INFORMANT Theo. Brant
(Address) Mercersburg, Pa. R.D.1

18. BURIAL, CREMATION, OR REMOVAL
Place Mercersburg, Pa. Date 11-21, 1939

19. UNDERTAKER F. M. Linginger
(Address) Mercersburg, Pa.

20. FILED 11-20-, 1939 Ghast Bowers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) 20 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11/19/39, 19__, to 11/20, 1939

I last saw h.e.r. alive on 11/20, 19 39; death is said to have occurred on the date stated above, at 1-30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity.	11/19/39

Other Contributory Causes of importance:

Name of operetion ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did Injury occur? ____
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury ____

Nature of Injury ____

24. Was disease or Injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) J. L. Lamm Shm M. D.

(Address) 259 N. Pot. dt, City

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11278

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46B)

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington

City or town Edgemont Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Edgemont Md

Stay in hospital or inst. (yrs., or mos., or days) 4 - no

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washn.

City or town Smithsburg Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. none

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no -

3. (a) FULL NAME John Martindale Bromley

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) ~~Single, married,~~ widowed, ~~or divorced~~ Widower

6 (b) Name of husband or wife none

none 6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) 1-10-1868

8. AGE: Years 71 Months 9 Days 21. If less than one day — hrs. — min.

9. Birthplace Snowhill Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business none

FATHER 12. Name George Bromley

13. Birthplace Snowhill Md

MOTHER 14. Maiden name Dont. Know

15. Birthplace Dont. Know

16. Informant W. D. Bromley

Address Edgemont Md

17. (Burial, cremation, or removal. Which?) Date thereof 11 12 1939 (month) (day) (year)

Cemetery or crematory Pocomoke Md

Location Pocomoke Md

18. Funeral director Geo B. Hoover

Address Smithsburg Md

19. Nov 9 1939 (Date rec'd by registrar) Geo W. Ferguson local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1939, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1939, to Nov 8 1939, and that I last saw him alive on Nov 8 1939.

	DURATION
Immediate cause of death Pulmonary Edema	6 hours
Due to Gastric Carcinoma	1 yr
Due to	
Other conditions Chronic Prostatic Hypertrophy (Include pregnancy within 3 months of death)	4 yrs

Major findings:

Of operations —

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ✓ Injured at work?

23. SIGNATURE G. G. Kohler M. D. or other

Address Smithsburg Date signed 11/8/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

11279

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:

County Washington

City or town Hancock

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wash

City or town Hancock Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Washington St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Spanish american

3. (a) FULL NAME John William Clark

3. (b) Social Security Number

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lula V Clark

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Oct 1st 1865

8. AGE: Years 74 Months 1 Days 8 If less than one day ___ hrs. ___ min.

9. Birthplace West Va. (Town, county, and state)

10. Usual occupation Shoemaker

11. Industry or business Gen Repair Work

FATHER 12. Name Jacob Clark

13. Birthplace W Va.

MOTHER 14. Maiden name Elizabeth Rigleman

15. Birthplace W Va

16. Informant Lula V Clark

Address Hancock Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/12/39 (month) (day) (year)

Cemetery or crematory Tuscarora

Location Near Martinsburg Wva

18. Funeral director T P Jenkins

Address Hancock Md

19. 11/10 1939 (Date rec'd by registrar) T P Jenkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1939, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/31/38 19 to 11/1/39 19, and that I last saw him alive on or about 11/1/39 19

Immediate cause of death Cerebral Hemorrhage

DURATION Instant

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H E Tabler MD M. D. or other

Address Hancock Md Date signed 11-10-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-0)

11280

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or ~~town~~: Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: South Potomac Junior High

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

~~City~~ near or ~~town~~: Hagerstown Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

~~Street No.~~: Woodpoint

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Le Roy H. Clippinger

3. (b) Social Security Number:

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Nov. 6 - 1923

8. AGE: Years: 16 Months: — Days: 1 If less than one day: hrs. min.

9. Birthplace: Shippensburg, Cumberland, Pa (Town, county, and state)

10. Usual occupation: at School

11. Industry or business:

FATHER

12. Name: Guy J. Clippinger

13. Birthplace: Shippensburg, Pa.

MOTHER

14. Maiden name: Esther G. Hancock

15. Birthplace: Shippensburg Pa.

16. Informant: Guy J. Clippinger

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 9 - 1939 (month) (day) (year)

Cemetery or cremetory: Spring Hill

Location: Shippensburg, Pa.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown Md.

19. 11-8- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 7 1939, at 9:45 A m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 8 '39 19 , to 19 ,

and that I last saw him alive on xxx 19

Immediate cause of death: Mitral stenosis — DURATION: 2 - 1939

Due to: Ventricular fibrillation — 11-7-39

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: S. Robert Mellon M.D. Deputy Med. Exam. Wash. Co., Md. M. D. or other

Address: Hagerstown, Md. Date signed: 11-8-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

11281

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hancock Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Dr. John S. Diehl.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widower.

6 (b) Name of husband or wife Ella.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 - 1857

8. AGE:

Years	Months	Days	If less than one day
82	5	18	hrs. min.

9. Birthplace Wantzdebug Fulton Co Pa.

(Town, county, and state)

10. Usual occupation Dentist

11. Industry or business Retired 8 yrs.

FATHER 12. Name Cornelius Diehl.

13. Birthplace Bedford Co Pa.

MOTHER 14. Maiden name Sarah Winter.

15. Birthplace Bedford Co Pa.

16. Informant Dr Crown O. Diehl

Address Hagerstown. Md.

17. Burial. Date thereof Nov 26-1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rest Haven Cem.

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 11-26- 19 39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1939, at 1 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23. 1939 to Nov. 24. 1939 and that I last saw him alive on Nov. 24. 1939.

Immediate cause of death Coronary occlusion

DURATION 14 hrs.

Due to

Due to

Other conditions Arteriosclerosis Pulmonary Tbc.

DURATION ?

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P B Norment MD

M. D. or other

Address Hagerstown, Md. Date signed 11/24/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Norment

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

11282

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:

County Washington

City or town Keedysville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Antietam Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. — (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Charles Fenton Drenner

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband~~ or wife Clara J. Drenner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 2 - 1865

8. AGE: Years 74 Months 4 Days 2 If less than one day ____ hrs. ____ min.

9. Birthplace Dargon - Washington - State (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business —

FATHER 12. Name John W. Drenner

13. Birthplace Sharpsburg - Md

MOTHER 14. Maiden name Helen Myers

15. Birthplace Dargon - Md

16. Informant Mrs. Carrie Badger

Address Antietam - Md

17. Burial (Burial, ~~cremation~~, or ~~removal. Which?~~) Date thereof 11 - 7 - 1939 (month) (day) (year)

Cemetery or crematory Mt. View

Location Sharpsburg - Md

18. Funeral director R. J. Earnshaw

Address Keedysville - Md

19. Nov 6, 1939 (Date rec'd by registrar) R. H. Geeting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1939, at 2:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 4 1939, to xxxx 19__, and that I last saw him alive on xxx 19__.

Immediate cause of death	DURATION
Farctured Skull	11-4-39
Due to Fracture cervical vertebra	11-4-39
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations no

Of autopsy No

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 11-4-39

Where did injury occur? Keedysville, Wash. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) F. Hammond's farm

Means of injury Fell off building Injured at work? yes

23. SIGNATURE S. Rohrs & Mells Deputy Med. Exam. Wash., Co., Md. M. D. or ~~other~~

Address Hagerstown, Md Date signed 11-5-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11283

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co. Hospital.
Stay in hospital or inst. (yrs., or mos., or days) 2 days -
Stay in this community (yrs., or mos., or days) 55 yrs -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 424 W. Franklin St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Jacob T. Eikelberger.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widower.

6 (b) Name of husband or wife Oda

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 16- 1856

8. AGE: Years	Months	Days	If less than one day
82	11	23	____ hrs. ____ min.

9. Birthplace Wilsons, Wash Co. Maryland (Town, county, and state)

10. Usual occupation Machinist.

11. Industry or business

FATHER
12. Name Samuel Eikelberger.
13. Birthplace Clay Lick. Pa.

MOTHER
14. Maiden name Sarah Repp.
15. Birthplace Clay Lick Pa.

16. Informant Mrs. Frank R. Ross
Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov 12-1939. (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md

19. 11-11-1939 (Date rec'd by registrar) Chas. T. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1939. at H.P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/3 1939, to Nov 9 1939, and that I last saw him alive on 11/9 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pul. Tb Bilateral

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. F. Lusby M. D. or other
Address 170 W Washington Ave Date signed 11/10/39

F. F. Lusby.

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 304.

11284

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington.

(b) City or town Hancock, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: High Street.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Hancock (If outside city or town limits, write RURAL and give town)

(d) Street No. High St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John V. Fisher

3 (b) If veteran, name war

3 (c) Social Security No. 212-14-6056

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. divorced

6 (b) Name of husband or wife Lily May Zimmerman

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov 16 1869

8. AGE: Years 69 Months 10 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Great Cacapon, Wva. (Town, county, and state)

10. Usual occupation Mine Laborer

11. Industry or business

FATHER

12. Name Samuel B Fisher

13. Birthplace West Va.

MOTHER

14. Maiden Name Martha Johnson

15. Birthplace West Va.

16 (a) Informant John Fisher Jr.

(b) Address Hancock, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5 1939 (month) (day) (year)

(c) Cemetery or crematory Baptist cemetery

Location sidling hill (Near Sipes Mill)

18 (a) Funeral director Snyder Rowland

(b) Address Hancock, Md.

19 (a) 11/2/39 (Date rec'd by registrar) (b) T. J. Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 1 St. 1939 at 12:00 pM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1939, to Nov 1 1939 and that I last saw him alive on Nov 1 1939.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other conditions myocarditis (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D M Shaffer MD M. D. or other

Address Hancock Date signed 11/2/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94E)

CERTIFICATE OF DEATH

11285

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) (Dead on arrival)
Stay in this community (yrs., or mos., or days) 3 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 668 Highland Way
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Russel Walker Fore

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Fore
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 28, 1866

8. AGE: Years	Months	Days	If less than one day
73	0	28	____ hrs. ____ min.

9. Birthplace Appamatox County, Va.
(Town, county, and state)
10. Usual occupation Retired R. R. Employee
11. Industry or business

FATHER
12. Name Thomas Fore
13. Birthplace Appamatox County, Va.

MOTHER
14. Maiden name Unknown
15. Birthplace Va.

16. Informant Milton A. Fore
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28, 1939 (month) (day) (year)
Cemetery or crematory Fairview Cemetery
Location Roanoke, Virginia

18. Funeral director Fred W. Kraiss,
Address Hagerstown, Md.

19. 11-26- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1939, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXX 19__, to __ 19__, and that I last saw him alive on __ 19__.

Immediate cause of death	DURATION
Coronary Occlusion	11/25/39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE S. Robert Mills Deputy Med. Exam. Wash., Co., Md. M. D.
Address Hagerstown, Md. Date signed 11-25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

11286

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 331 Liberty St

Stay in hospital or inst. (yrs., or mos., or days) 35 yrs.

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 331 Liberty St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Alice Miller Griffith

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow-

6 (b) Name of husband or wife: John H C

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Oct 20- 1856

8. AGE: Years 83 | Months - | Days 27. | If less than one day ___ hrs. ___ min.

9. Birthplace: Hagerstown, Md. (Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business

FATHER
12. Name: Andrew Miller
13. Birthplace: Chambersburg Pa

MOTHER
14. Maiden name: Elizabeth Vogle
15. Birthplace: Chambersburg Pa.

16. Informant: William Griffith
Address: Hagerstown. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 20-1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown. Md.

18. Funeral director: Andrew K. Coffman
Address: Hagerstown. Md.

19. 11-17 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17. 1939, at 10:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 14, 1939, to Nov 17 1939, and that I last saw her alive on Nov 16, 1939.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 4 days.

Due to: Arterio-sclerosis — Indef.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE B B Kreisler M.D. M. D. of other

Address 1486 work St Hagerstown Md Date signed 11/17/39

Dr Kreisler.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11287

Reg. Diat. No. 341

1. PLACE OF DEATH:

County Washington County

City or town Williamsport, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: #44 West Potomac St. Wmsport, Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. #44 Potomac St.;
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Sherman Harrop

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Martha Harrop

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Feb 18 1866

8. AGE: Years	Months	Days	If less than one day
73	9	9	hrs. min.

9. Birthplace Bradys Bend Pa.
(Town, county, and state)

10. Usual occupation Retired Steel Worker

11. Industry or business

FATHER 12. Name James Harrop

13. Birthplace England

MOTHER 14. Maiden name Arvella Stewart

15. Birthplace Pa.

16. Informant Martha Harrop

Address #44 West Potamac St. Wmapsot, Md

17. Removal Date thereof Nov. 28 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Restland Memorial Park

Location Turtle Creek Pa.

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. Nov. 28 1939 Mrs E Lee McElroy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1939 at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 27 1939 to November 27 1939, and that I last saw him alive on November 27 1939.

	DURATION
Immediate cause of death Coronary Occlusion	duration
Due to Hypertension	2 years
Due to Cardio Vascular Disease	10 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Not Done

Of autopsy Not Done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ralph F. Young M. D. or other

Address Williamsport, Md Date signed 11/28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 23

11288

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:
County Washington
City or town Blue Ridge Summit
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Blue Ridg Summit Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Norman Ralph Hatter

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Dorothy Holland
6(c) If alive, give age 34 years
7. Birth date of deceased (mo., day, yr.) Nov. 8, 1896
8. AGE: Years 43 Months 0 Days 21 If less than one day ___ hrs. ___ min.
9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual occupation Barber
11. Industry or business
FATHER
12. Name John Hatter
13. Birthplace Baltimore Md.
MOTHER
14. Maiden name Margaret Twist
15. Birthplace Baltimore Md
16. Informant Mrs Dorothy H. Hatter
Address Blue Ridge Summit Pa
17. Burial Date thereof 12/2/39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory New Cathedral
Location Baltimore Md.
18. Funeral director Walter Y. Grove
Address Waynesboro Pa.
19. Nov 29 1939 Geo. W. Ferguson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1939, at 7 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-15 1935, to 11-29 1939, and that I last saw him alive on 1-10 1939.
Immediate cause of death Pulmonary Hemorrhage
DURATION 15 years
Due to Pulmonary Tuberculosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. C. Bridges M. D. or other
Address Blue Ridge Summit Pa. Date signed 11/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

Baby Boy Haynes

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

11289

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Stillborn

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Boy Haynes

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 9
8. AGE: Years — Months — Days — If less than one day: hrs. — min.
9. Birthplace Washington County Hospital (Town, county, and state)
10. Usual occupation None
11. Industry or business None
FATHER 12. Name Donald Haynes
FATHER 13. Birthplace Rohrersville Md
MOTHER 14. Maiden name Margaret Rohrer
MOTHER 15. Birthplace Kendington Md
16. Informant Donald Haynes
Address Smithsburg Md
17. Burial, Rohrersville (Burial, cremation, or removal. Which?) Nov 9 1939 (month) (day) (year)
Cemetery or crematory Rohrersville Md
Location Rohrersville Md
18. Funeral director William F Baird & Son
Address Boonsboro Md
19. 11-9-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1939, at 11:14 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 9 1939, to Nov. 9 1939, and that I last saw h— alive on 19

	DURATION
Immediate cause of death: Still born	
Due to: Cerebral hemorrhage	
Due to: Prolonged labor	
Due to: Dystocia fronton	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Ot operations
Ot autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter L. Wolfinger M. D. or other
Address Smithsburg Date signed 11-9-39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164)

CERTIFICATE OF DEATH

11290

Reg. Dist. No. 300

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

1. PLACE OF DEATH:
County Washington
City or town Sharpsburg —
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State District of Columbia County
City or town Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3520 Connecticut Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Carvel W. Hebb

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

B (b) Name of husband or wife Virginia.

B (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Aug 17 - 1899.

8. AGE: Years 40 | Months 3 | Days — | If less than one day ____ hrs. ____ min.

8. Birthplace Sharpsburg Washington Co Md.
(Town, county, and state)

10. Usual occupation Sergeant Fire Dept

11. Industry or business Washington D.C.

FATHER 12. Name No Record

13. Birthplace "

MOTHER 14. Maiden name Nellie Hebb

15. Birthplace Sharpsburg Md

16. Informant Jason Beyder

Address Hagerstown Md.

17. Removal. Date thereof Nov. 17-1939.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Washington D.C.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. 11-17 1939 Cliff Beyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16 1939, at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death — DURATION

Carbon monoxide poisoning — 11-16/39

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: No

Of operations

Of autopsy As above Nov. 17'39

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of Nov. 16'39

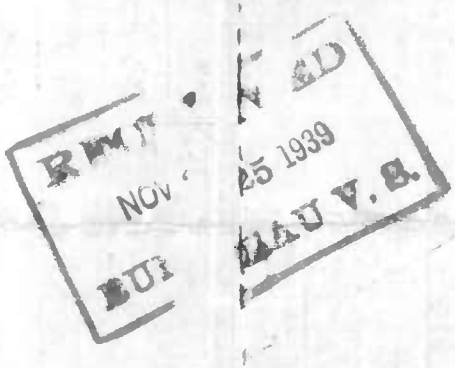
Where did injury occur? Sharpsburg, Wash.; Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Road

Means of injury Automobile exhaust Injured at work? No

23. SIGNATURE J. Robert Wells M. D. or Deputy Med. Exam Wash., Co.; Md.

Address Hagerstown, Md. Date signed 11-17-39


RECEIVED
NOV 25 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11291

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Washington — Registration Dist. No. 307

Village or City Sandy Hook - Md - Post office Knoxville - Md — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurrad Stillbirth mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Himes — If U. S. Veteran, specify WAR

(a) Residence: No. Sandy Hook - Md St., Ward.

(Usual place of abode) If nonresideot give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and yaar) 11-2-39

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	Stillbirth	—		

OCCUPATION

8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Stillbirth

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. —

10. Dete deceased last workad at this occupation (month and year)

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Sandy Hook — (State or country) Md

FATHER

13. NAME Scott Holden Himes

14. BIRTHPLACE (city or town) Sandy Hook — (State or country) Md

MOTHER

15. MAIDEN NAME Marguite Myrtle Kain

16. BIRTHPLACE (city or town) Harpers Ferry (State or country) W Va

17. INFORMANT Scott Holden Himes (Address) Sandy Hook - Md

18. BURIAL, ~~CREMATION~~, OR REMOVAL
Place Baltimore MD Date NOV 3 1939

19. UNDERTAKER Jesse E. Dailey (Address) Brunswick Md

20. FILED Nov. 3rd, 1939 Cornelius H. Castle Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Stillbirth 11-2-39, 193
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attendad deceased from 11-2-39, to 11-2-39, 19

I last saw h alive on Stillbirth, 19; death is said to heve occurred on the date steted above, at m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importanca were as follows:

	Date of onset
Stillbirth — 11-2-39	

Other **Contributory Causes** of importance:

Name of operation None Date of

What tast confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Dete of injury, 19

Where did injury occur? (Specify city or town, couoty and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Netura of injury

24. Was disease or injury in any way raleted to occupation of deceased?

If so, spacify

(Signad) J. Thomas Stoltzfus M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED DEC 5 1929 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

11292

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington County

City or town Williamsport, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Potomac St. Williamsport, Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 53 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Potomac St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alvey Grant Hoffman

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Effie Hoffman

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 24, 1868

8. AGE: Years 71 | Months | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace: Welsh Run Pa.
(Town, county, and state)

10. Usual occupation: Retired Buisness Man

11. Industry or business

FATHER
12. Name: Henry H Hoffman
13. Birthplace: Welsh Run Pa.

MOTHER
14. Maiden name: Magdalene H
15. Birthplace: Welsh Run Pa.

16. Informant: Richard Hoffman (son)
Address: Williamsport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 24, 1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Edith V Leaf

Address: Williamsport, Md.

19 Nov. 24 1939 (Date rec'd by registrar) Mrs Edee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 22 1939, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him dead alive on Nov. 22 1939.

Immediate cause of death: Patient dead on arrival. Apparently the Causes - Coronary Occlusion.

Due to: Myocarditis Chronic — 3 years

Due to

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE: J. M. Pennerman, M. D. or other

Address: Williamsport Md Date signed 11/23/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 304

CERTIFICATE OF DEATH

11293

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Hancock, R.F.D.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 25 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Hancock, Md. R.F.D.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Fred Hoffman

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Nettie Hoffman

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) June 26

8. AGE: Years 58 | Months 4 | Days 11 | If less than one day ____hr. ____min.

9. Birthplace Fulton Co. Pa.
(Town, county, and state)

10. Usual occupation Proprietor Of Inn.

11. Industry or business

FATHER

12. Name John Hoffman

13. Birthplace Germany

MOTHER

14. Maiden Name Sofiah Hebner

15. Birthplace Baltimore, Md.

16 (a) Informant Nettie Hoffman

(b) Address Hancock, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8 1939 (month) (day) (year)

(c) Cemetery or crematory Luthern Cemetery

Location Near Hancock, Md.

18 (a) Funeral director Snyder Rowland.

(b) Address Hancock, Md.

19 (a) Nov 6 39 (Date rec'd by registrar) (b) J P Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 5 1939, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 39 Nov 5 1939

and that I last saw him alive on Nov 4 1939.

Immediate cause of death	Duration
Asthma	
Due to	
Due to Cardiac failure	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D M Shaffer MD (M. D. or other)

Address Hancock Md. Date signed 11/6/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11294

Reg. Dist. No. 306

1. PLACE OF DEATH:

County: Washington

City or town: Cascade
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or moe., or days): 3 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 938 Pope Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Nancy Ellen Hoffman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles E. Hoffman

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 9 1331

8. AGE:

Years	Months	Days	If less than one day
58	I	I	hrs. min.

9. Birthplace: Mt. Lena Wash. Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: own home

FATHER
12. Name: David Bowman
13. Birthplace: Myersville Fred. Co. Md.

MOTHER
14. Maiden name: Louise Faulders
15. Birthplace: Beaver Creek Wash. Co. Md.

16. Informant: Charles E. Hoffman

Address: 938 Pope Ave. Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 13 1939 (month) (day) (year)

Cemetery or crematory: Rest Haven Cemetary

Location: Hagerstown Md.

18. Funeral director: William E. Bast & Son

Address: Boonsboro Md.

19. Nov 11 1939 (Date rec'd by registrar) Geo W Fogner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10, 1939, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1928, to Nov. 10. 1939, and that I last saw her alive on November 1, 1939.

Immediate cause of death: Hypertensive cardio-vascular-renal disease — DURATION: About 10 years

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Dt operations: No operation

Dt autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: L. A. Bell M. D. or other

Address: Hagerstown Md. Date signed 11/11/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 8 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

11295

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 103 E. antietam st
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 103 E. antietam
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Imes. Martha Elizabeth.

3. (b) Social Security Number

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Irvin Imes.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 29- 1870

8. AGE: Years 68 | Months 10 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace: Shaneyville, Pa. (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER 12. Name: David Imes.
13. Birthplace: Shaneyville, Pa.
MOTHER 14. Maiden name: Mary Seiber.
15. Birthplace: Shaneyville, Pa
16. Informant: George Frey.
Address: Cumberland, Pa.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 26-1939 (month) (day) (year)
Cemetery or crematory: Mt Zion
Location: Mt Zion, Pa.
18. Funeral director: Louis Klein
Address: Cumberland, Md.
19. 11-24-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/24 1939, at 5a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1939 to 11/24 1939 and that I last saw h alive on 11/22 1939.

Immediate cause of death	DURATION
Chronic Endocarditis	2
" Nephritis	
Due to (?)	
Due to ?	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Victor D. Miller M. D. or other
Address Hagerstown Md. Date signed 11/24 1939

CEIVED
DEC 6 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

CERTIFICATE OF DEATH

11296

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Cor. Charles and Potomac St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 903 Hamilton Blvd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rev. Joseph Y. Irwin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice Irwin

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1869

8. AGE: Years	Months	Days	If less than one day
70	1	23	____ hrs. ____ min.

9. Birthplace County Derry, Ireland (Town, county, and state)

10. Usual occupation Retired Minister

11. Industry or business

FATHER 12. Name Samuel Irwin

13. Birthplace ---- Ireland

MOTHER 14. Maiden name Matilda --------

15. Birthplace ------ Ireland

16. Informant Mrs. Alice Irwin

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 16, 1939 (month) (day) (year)

Cemetery or crematory

Location Toms River, New Jersey

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 11-15-39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14, 1939 19 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19 ____, to ____ 19 ____, and that I last saw him alive on ____ 19 ____.

Immediate cause of death	DURATION
Coronary Occlusion	11/14/39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: No

Of operations

Of autopsy as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Robert Wells Deputy Med. Exam. Wash., Co.; Md. M. D.

Address Hagerstown, Md. Date signed 11-15-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-18)

CERTIFICATE OF DEATH

11297

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

W. Norment

1. PLACE OF DEATH:

County Washington.

City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 537 Guilford Ave.

Stay in hospital or inst. (yrs., or mos., or days) 5 yrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 537 Guilford Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Laura A. Jacobs.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife Willis Saw

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 14 - 1852

8. AGE:

Years	Months	Days	If less than one day
87	2	3	____ hrs. ____ min.

9. Birthplace Mechanicsburg. Pa.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name No Record
13. Birthplace "

MOTHER
14. Maiden name No Record
15. Birthplace " "

16. Informant Harry W. Jacobs.

Address Hagerstown. Md.

17. Burial. Date thereof Nov. 20, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director Andrew K Coffman

Address Hagerstown. Md.

19. 11-20- 1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1939, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20, 1939 to October 23, 1939 and that I last saw h alive on October 23, 1939.

Immediate cause of death Cancer of stomach — DURATION 1 year

Due to

Due to

Other conditions Cachexia of Malignancy

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C B Norment MD

Address Hagerstown Md M. D. or other

Date signed 11/19/39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57)

CERTIFICATE OF DEATH

11298

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 141 W. Franklin Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 141 W. Franklin St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William H. Jacobs

3. (b) Social Security Number 214-09-2053

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Grace Irene Jacobs
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 10, 1881

8. AGE:

Years	Months	Days	If less than one day
58	10	0	hrs. min.

9. Birthplace Washington County, Md. (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business

FATHER
12. Name William Jacobs
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Lucilla Mongan
15. Birthplace Washington County, Md.

16. Informant Mrs. Eva Rice,
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12, 1939 (month) (day) (year)
Cemetery or crematory St. Paul's Cemetery
Location Near Hagerstown, Md. Route 40

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. 11-11- 1939 (Date rec'd by registrar) Grace H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1939, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXXX 19 , to 19 , and that I last saw h im alive on 19

Immediate cause of death	DURATION
Coronary thrombosis	10-9-39
Due to Chr. endocarditis	1937
Due to Diabetes mellitus	1936
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations No
Dt autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. Robert Wells Deputy Med. Exam. Wash., Co., Md.
M. D. or
Address Hagerstown, Md. Date signed 11-10-39

RECEIVED
DEC 6 1939
BUREAU V. S.

11299

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 127 No Cannon Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 127 No Cannon Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs G. Virginia M. Keedy

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Fred

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 31 - 1877.

8. AGE: Years 62 Months 3 Days 6. If less than one day ___ hrs. ___ min.

9. Birthplace Martinsburg Berkley. W. Va. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business ——

FATHER

12. Name John Welty.

13. Birthplace Martinsburg W. Va.

MOTHER

14. Maiden name No Record

15. Birthplace " "

16. Informant Mrs John Mullaney

Address Baltimore Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov. 10 1939 (month) (day) (year)

Cemetery or crematory Green Hill.

Location Martinsburg W. Va.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 11-8- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1939, at 7 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-1- 1939, to Nov 7- 1939, and that I last saw her alive on Nov 7-39 19

Immediate cause of death: Chr. Myocarditis

Due to

Due to Arteriosclerosis c Hypertensa

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE S. E. W. Dittage M. D. ~~or other~~

Address Hagerstown Md Date signed 11/8/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

W.W.Ho.

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11300

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Williamsport
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Church St.
Stay in hospital or inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days) 32 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Church St.
(If rural give LOCATION)
2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Charles Edward Koogle.

3. (b) ~~Social Security Number~~

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Charity S. Koogle
B(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June-30-1863

8. AGE:

Years	Months	Days	If less than one day
76	4	27	____ hrs. ____ min.

9. Birthplace Myersville Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Cashier & Bank (Retired)
11. Industry or business
FATHER 12. Name John Koogle
13. Birthplace Myersville Frederick Co. Md.
MOTHER 14. Maiden name Rebecca Marker
15. Birthplace Myersville Frederick Co. Md.
18. Informant Mrs. Charity S. Koogle
Address Church St. Williamsport Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30. 1939 (month) (day) (year)
Cemetery or crematory Lutheran Cemetary
Location Myersville Frederick Co. Md.
18. Funeral director Wm. J. East & Son
Address Boonsboro Md.
19. Nov. 28 1939 Mrs E Lee M Ebey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/27/39 19____, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-18-39 19____, to 11-27-39 19____, and that I last saw him alive on 11/26/39 19____

Immediate cause of death	Influenza	DURATION 11-18-39
Due to		
Due to		
Other conditions	Uremia	11-20-39

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Hal Young M.D.
M. D. or other
Address Hagerstown Md. Date signed 11/27/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95)

11301

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 13 S. Cannon ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 40 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 13 S. Cannon ave.
(Rural give LOCATION)
2(a) IF VETERAN, NAME WAR: Spanish-American

3. (a) FULL NAME: J. William Lehman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife: Elsie Lehman
6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Sept 16-1877

8. AGE: Years	Months	Days	If less than one day
62	2	0	hrs. min.

9. Birthplace: Reid, Washington Co. Md.
(Town, county, and state)
10. Usual occupation: Retired
11. Industry or business
FATHER 12. Name: John F. Lehman.
13. Birthplace: Reid Md.
MOTHER 14. Maiden name: Elizabeth Middlekauff
15. Birthplace: Leitersburg, Md.
16. Informant: Mrs J. W. Lehman
Address: Hagerstown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 18-1939 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md.
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown Md.
19. 11-18-1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 11/16 1939, at 4.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/15 1936, to 11/16 1939, and that I last saw him alive on 11/16 1939.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	5 hrs
Due to: Hypertensive Cardio Vascular disease	6 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. F. Lusby M. D. or other
Address: 170 W Wash St Date signed 11/17/39

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DEC 6 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94P)

CERTIFICATE OF DEATH

11302

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 13 Wilson Blvd. West

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 33 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 13 Wilson Blvd.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jacob Long

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Long

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.): December 10, 1864

8. AGE: Years 74 | Months 11 | Days 18 | If less than one day ___ hrs. ___ min.

9. Birthplace: Knobsville- Fulton Co. Pa.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Street Dept.- Hagerstown, Md.

FATHER
12. Name: John Adam Long
13. Birthplace: Germany

MOTHER
14. Maiden name: Jane Glunt
15. Birthplace: Knobsville, Pa.

16. Informant: Mrs. Margaret Long
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30, 1939 (month) (day) (year)

Cemetery or crematory: Mountain View Cemetery

Location: Sharpsburg, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. 11-29- 1939 (Date rec'd by registrar) Chas H Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 28, 1939, at 4:45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 21, 1937, to November 28, 1939, and that I last saw him alive on Nov. 27, 1939.

Immediate cause of death: Coronary sclerosis

Due to

Due to

Other conditions: Generalized arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Nouvent Md
M. D. or other

Address Hagerstown Md Date signed 11/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11303

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County

Stay in hospital or inst. (yrs., or mos., or days): 1 hr.

Stay in this community (yrs., or mos., or days): 57 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 613 Washington ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lawrence Blaggett Lushbaugh

3. (b) Social Security Number: 220-05-6128

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife: Anna E. Lushbaugh

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): May 21 - 1882

8. AGE:

Years	Months	Days	If less than one day
57	5	17	____ hrs. ____ min.

9. Birthplace: Hagerstown Wash. Co., Md. (Town, county, and state)

10. Usual occupation: Plasterer

11. Industry or business

FATHER

12. Name: Charles H. Lushbaugh

13. Birthplace: Hagerstown, Md.

MOTHER

14. Maiden name: Margaret Gates

15. Birthplace: Magnolia W. Va.

16. Informant: Mrs. A. E. Lushbaugh

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 21-1939 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. 11-20-1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 18 1939, at 9.05 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 1939, to Nov. 18 1939, and that I last saw him alive on Nov. 18 1939.

	DURATION
Immediate cause of death: Cerebral hemorrhage.	
Due to	
Due to	
Other conditions: Hypertension disease	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Walter Seymour M.D. M. D. or other

Address: Hagerstown Md. Date signed 11/20-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-B)

11304

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Co. Home
Stay in hospital or inst. (yrs., or mos., or days) 3 weeks
Stay in this community (yrs., or mos., or days) " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Boonsboro Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Church St.
(If rural give LOCATION)
2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Myrtle Mahoney

3. (b) ~~Social Security Number~~

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: No Record.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): No Record
8. AGE: Years: About 70 | Months: — | Days: — | If less than one day ____ hrs. ____ min.
9. Birthplace: Boonsboro Wash. Co. Md. (Town, county, and state)
10. Usual occupation: None
11. Industry or business: "
FATHER
12. Name: Cyrus Hickman
13. Birthplace: Keedysville Wash. Co. Md.
MOTHER
14. Maiden name: Mary Elizabeth Fish.
15. Birthplace: Boonsboro Wash. Co. Md.
16. Informant: Mrs. Anne Moats
Address: E. Baltimore St. Hagerstown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28. 1939 (month) (day) (year)
Cemetery or crematory: Boonsboro Cemetary
Location: Boonsboro Md.
18. Funeral director: Wm. J. Bast & Son
Address: Boonsboro Md.
19. 11-27-1939 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 25 1939, at 7 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Nov 25 1939 and that I last saw h[illegible] alive on Nov 25 1939.
Immediate cause of death: Acute Myocarditis
Due to: Primary Carcinoma of stomach. Duration: One year. [illegible]
Due to:
Other conditions: Carcinoma
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE J. H. Beachley M. D. or other
Address Hagerstown, Md. Date signed Nov 25/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-a)

11305

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 61 E Antietam St.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 61 E. Antietam.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Otho L. Marpel.

3. (b) Social Security Number 219-05-2595

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Mary.

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 1 - 1871.

8. AGE: Years 68 Months 4 Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Berryville Clark Co. Va. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business —

FATHER

12. Name Hezekiah Marpel.

13. Birthplace Berryville Va.

MOTHER

14. Maiden name Mary Ann Hastings.

15. Birthplace Berryville Va.

16. Informant Mrs A. H. Marpel

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov 4. 1939. (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. 11-3- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1939, 2 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25 1939, to Nov 2 1939, and that I last saw him alive on Nov 1st 1939.

Immediate cause of death Coronary Embolism

Due to Chronic Endocarditis

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. P. Slauffer M. D. or other

Address Hagerstown, Md. Date signed Nov 2, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

A. Stoussion.

RECEIVED
DEC 6 1932
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107-a)

11306

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown -

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital -

Stay in hospital or inst. (yrs., or mos., or days) 7.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County County

City or town Hagerstown - Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Roessner Av Extd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Clara Alice McCune.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Wh. Ke

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William T.

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.): Feby 8 - 1872

8. AGE: Years 67 Months 9 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace: Chambersburg, Franklin Pa. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER

12. Name: George Bermont

13. Birthplace: Chambersburg Pa.

MOTHER

14. Maiden name: Clara N. Gilbert

15. Birthplace: Chambersburg Pa.

16. Informant: Mrs Margaret B. Chilcote

Address: Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov 22 - 1939. (month) (day) (year)

Cemetery or crematory: Rose Hill Cem

Location: Hagerstown, Md

18. Funeral director: Andrew K Coffman

Address: Hagerstown, Md

19. 11-22- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20 1939, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13 1939, to Nov 20 1939, and that I last saw her alive on Nov 20 1939.

Immediate cause of death: Lobular Pneumonia (Streptococcus)

Due to

Due to

Other conditions: Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Virified Clinically

DURATION: 1 wk.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J H Bradley M. D. or other

Address: Hagerstown Md Date signed Nov 20/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Bradley

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131)

11307

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town near Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hagerstown, Route 2
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural near Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hagerstown, Route 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alonza A. Miller

3. (b) Social Security Number 705-10-5268

4. Sex: Male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Margaret L. Miller
6(c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.): Jan 23 - 1886
8. AGE: Years 53 | Months 9 | Days 18 | If less than one day ___ hrs. ___ min.
9. Birthplace: Chambersburg Franklin Co. Pa. (Town, county, and state)
10. Usual occupation: Retired R.R. Conductor
11. Industry or business: W.M.R.R.
FATHER
12. Name: William A. Miller
13. Birthplace: Chambersburg, Pa.
MOTHER
14. Maiden name: M. Elizabeth Douglas
15. Birthplace: Chambersburg, Pa.
16. Informant: William A. Miller
Address: Washington, D. C.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14-1939 (month) (day) (year)
Cemetery or ~~crematory~~ Rose Hill
Location: Hagerstown, Md.
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown Md.
19. 11-13-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/11 — 1939, at 1a. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 - 1939, to 11/10 - 1939, and that I last saw him alive on 1939.
Immediate cause of death: Chronic Endocarditis, Nephritis, arterio-sclerosis, Cerebral Hemorrhage — DURATION ? - ?
Due to ?
Due to ?
Other conditions — —
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy 0

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide 0 Date of
Where did injury occur? 0 (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) 0
Means of injury Injured at work?

23. SIGNATURE Victor D Miller
DR. VICTOR D. MILLER M. D. ~~or other~~
Address 131 W. WASHINGTON ST. HAGERSTOWN, MD. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T) (I)

RECEIVED
DEC 6 1939
BUREAU V. S.

Dr. V. D. Miller

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

11308

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1165 Hamilton Boulevard

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1165 Hamilton Boulevard

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie S. Miller

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widow

B (b) Name of husband or wife: William H. Miller

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Sept 23 - 1851

8. AGE: Years 88 | Months 1 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace: Frederick Frederick Co. Md. (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER

12. Name: Basil Dorsey

13. Birthplace: Winchester Va

MOTHER

14. Maiden name: Annie M. Shafer

15. Birthplace: Montgomery Co. Md

16. Informant: Mrs Norman Otto

Address: Baltimore Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 24-1939 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, Md.

19. 11-24-1939 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21, 1939, at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 19, 1939, to Nov. 21, 1939, and that I last saw her alive on Nov. 21, 1939.

	DURATION
Immediate cause of death: Fracture Femur - Anatomical Neck	11-19-39
Due to: Cerebral Hemorrhage	11-21-39
Due to:	
Other conditions: Mitral & Aortic Insufficiency - Arteriosclerosis, Chron. Int. Nephritis	10 yr.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None.

Of autopsy: No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of 11-19-39

Where did injury occur? Hagerstown, Wash. Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Home.

Means of injury: Fell down steps Injured at work? no

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown, Md Date signed 11-22-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

CERTIFICATE OF DEATH

11309

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington.
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. S. Prospect
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Winder Mish

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

B (b) Name of husband or wife Eleanor E. Mish

6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) apr. 4 - 1865

8. AGE: Years 74 | Months 7 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Clearspring Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Banker

11. Industry or business

FATHER
12. Name George Mish
13. Birthplace Clearspring md

MOTHER
14. Maiden name Sarah Winder
15. Birthplace Clearspring, Md.

16. Informant Joseph Mish
Address Hagerstown md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 25-1939 (month) (day) (year)
Cemetery or crematory St Paul
Location near Clearspring, Md.

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.

19. 11-24-39 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1939, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 13 1939, to Nov 23 1939, and that I last saw him alive on Nov 23 1939.

Immediate cause of death	DURATION
Paralysis agitans	9 yrs
Fracture L & R 7th left ribs	10 days
Due to Bronchopneumonia	10 days
arteriosclerosis	?
Due to Fracture due to —	
Accidental fall, in his bathroom.	
Other conditions Duration: two weeks. [illegible]	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accidental Date of
Where did injury occur? Hagerstown (City or town) Washington (County) Md. (State)
Injured at home, farm, industry, public place (where?) in his bathroom.
Means of injury Accidental fall. Injured at work?

23. SIGNATURE H. L. Porterfield M.D.
M. D. or other
Address 136 W Washington St Date signed 11/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (159)

11310

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 666 Oak Hill Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Male child of Warren M. McNeilly

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1939

8. AGE: Years	Months	Days	If less than one day
0	0	0	hrs. min.

9. Birthplace Hagerstown-Washington-Md.
(Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER
12. Name Warren M. McNeilly
13. Birthplace Brookline, Mass.
MOTHER
14. Maiden name Christine Filteau
15. Birthplace Cambridge, Mass.
16. Informant Warren M. McNeilly
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30, 1939 (month) (day) (year)
Cemetery or crematory Rest Haven Cemetery
Location Hagerstown, Md.
18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.
19. 11-30-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1939 2:05P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 29, 1939, to Nov. 29, 1939, and that I last saw him alive on November 29, 1939.

Immediate cause of death
Prematurity (6½ mos.)
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. A. Bell M. D. or other
Address Hagerstown Md. Date signed 11/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 6 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

11311

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 310 No Mulberry St

Stay in hospital or inst. (yrs., or mos., or days) 5 yrs

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 310 No Mulberry -

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John S. Nawgel.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife Cecelia.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 8 - 1859

8. AGE: Years 80 | Months — | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace Bedford Bedford Co. Pa.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired.

FATHER

12. Name No Record

13. Birthplace " "

MOTHER

14. Maiden name No Record

15. Birthplace " "

16. Informant Mrs G. L. Allamong

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 20, 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K Coffman

Address Hagerstown. Md

19. 11-20- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1939, at 4:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-1-39 19__, to 11-18 1939, and that I last saw him alive on 11-18-39 19__.

Immediate cause of death Coronary disease

DURATION 2 yrs

Due to

Due to Arterio sclerosis

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Md Date signed 11/18/39

D. Dito.

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DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

11312

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 217 South Potomac St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 217 South Potomac St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel F. Fenton Palmer Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
Male	White	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 29, 1939

8. AGE: Years | Months | Days: 6 | If less than one day: hrs. min.

9. Birthplace Hagerstown Washington Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Samuel Fenton Palmer Sr.

13. Birthplace Tappan Md.

MOTHER 14. Maiden name Lucille Brown

15. Birthplace Hagerstown

16. Informant Samuel Fenton Palmer Sr.

Address 21 South Potomac St Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 7 1939 (month) (day) (year)

Cemetery or crematory Mountainview

Location Sharpsburg Md.

18. Funeral director Edith V. Leaf

Address Williamsport Md.

19. 11-4- 1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1939, at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29 1939, to Nov 3 1939, and that I last saw him alive on Nov. 3 1939

Immediate cause of death	Premature	DURATION
Due to		
Due to		
Other conditions	Malnutrition	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Lentlus M.D. M. D. or other

Address 134 N. Potomac Date signed Nov 4 '39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

11313

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 17 East ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 17 East ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnie V. Poffenberger

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 18- 1873

8. AGE:

Years	Months	Days	If less than one day
about 66	7	24	____ hrs. ____ min.

9. Birthplace Hagerstown, Wash. Co, Md.
(Town, county, and state)

10. Usual occupation Retired Nurse

11. Industry or business

FATHER 12. Name William Poffenberger
13. Birthplace Virginia

MOTHER 14. Maiden name Catherine Schamel
15. Birthplace St James Md.

16. Informant Mrs. C. H. Brandt
Address Hagerstown, Md.

17. Burial Date thereof Nov. 13 - 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Manor
Location near Hagerstown

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.

19. 11-13- 1939 Ghost H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 11, 1939 at 2:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 5, 1937 to Nov. 11, 1939 and that I last saw her alive on October 25, 1939

Immediate cause of death Carcinomatosis (primary in right breast.) — DURATION: about 5 years

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations Breast amputation about 4 years ago.
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE La Bell M. D. or other
Address Hagerstown Md. Date signed 11/11/39

RECEIVED
DEC 6 1939
BUREAU V. S.

11314

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 week

Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 66 East Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Jane Ramsey

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

8 (b) Name of husband or wife Sylvester Ramsey

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1850

8. AGE: Years	Months	Days	If less than one day
89	2	2	____ hrs. ____ min.

9. Birthplace Washington County, Md. (Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER
12. Name Peter Grey
13. Birthplace Wash. Co., Md.

MOTHER
14. Maiden name ------- Chester
15. Birthplace Wash. Co., Md.

16. Informant William H. Ramsey

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 9, 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 11-9- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1939 1:45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 29, 1939, to Nov. 7, 1939, and that I last saw her alive on Nov. 6, 1939.

Immediate cause of death Cerebral hemorrhage — DURATION 11 days

Due to Fracture surgical neck left humerus; Fall on steps when stricken with cerebral hemorrhage. — 11 days

Due to

Other conditions: Chronic Endocarditis; Cerebral hemorrhage — Nov. 5, 1939

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ accident Date of Oct. 29, 1939

Where did injury occur? Hagerstown, Wash. (City or town) (County) Maryland. (State)

Injured at home, farm, industry, public place (where?) Home.

Means of injury Cerebral hemorrhage Injured at work? no

23. SIGNATURE W. Horan Dyeager M. D. or other

Address Hagerstown, Md Date signed Nov. 7, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

11315

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) Three Weeks

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Clearspring Rural Ward No. — (If outside city or town limits, write RURAL NEAR and give town)

Street No. Blair's Valley Dist. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clem Semore Repp

3. (b) Social Security Number 213-10-6816

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alice Repp

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) December 9, 1889

8. AGE: Years 49 Months 11 Days 16 If less than one day ___ hrs. ___ min.

9. Birthplace Washington County, Md. (Town, connty, and state)

10. Usual occupation Carpenter

11. Industry or business Security Cement Co.

FATHER 12. Name David Repp

13. Birthplace Wash. Co., Md.

MOTHER 14. Maiden name Hannah White

15. Birthplace Wash. Co. Md.

16. Informant Mrs. Alice Repp

Address Clearspring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 27, 1939 (month) (day) (year)

Cemetery or crematory St. Paul's Cemetery

Location Hagerstown, Md. R D Route 40

18. Funeral director Snyder-Rowland Funeral Home

Address Clearspring, Md.

19. 11-26- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 25, 1939 19 1:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15, 1939, to Nov. 25, 1939, and that I last saw him alive on Nov. 24, 1939.

Immediate cause of death Chr. Interstitial Nephritis — DURATION 1 year

Due to

Due to

Other conditions Uraemia — 2 weeks

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE David R. Brewer M. D. or ~~other~~

Address Clear Spring Md Date signed 11/26/39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-8)

11316

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown (WITHIN CORPORATE LIMITS OF)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Home
Stay in hospital or inst. (yrs., or mos., or days) 4 years
Stay in this community (yrs., or mos., or days) Unknown.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Harry E Rhodes

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Unknown
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 68 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Middleburg Pa (Town, county, and state)
10. Usual occupation Unknown
11. Industry or business "
FATHER 12. Name "
13. Birthplace "
MOTHER 14. Maiden name "
15. Birthplace "

16. Informant Harry H. Hutson
Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 11. 1939 (month) (day) (year)
Cemetery or crematory
Location Middleburg Pa

18. Funeral director Scott F Minnich & Son
Address Hagerstown Md.

19. 11-10-39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1939, at 9:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1939 to Nov 10 1939, and that I last saw h 1 alive on Nov 10 1939.

Immediate cause of death: Cerebral Thrombosis ? — DURATION
Due to
Due to
Other conditions: General Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Bradley M.D. M. D. or other
Address Hagerstown, Md. Date signed Nov 10/39

Beachley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (184)

CERTIFICATE OF DEATH

11317

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington County
City or town Kemps Mill near Williamsport, M
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 14 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Kemps Mill Williamsport Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Williamsport, Maryland
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Richard Rhodes

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) July 25, 1925
8. AGE: Years 14 Months 3 Days 20 If less than one day ____ hrs. ____ min.
9. Birthplace Kemps Mill Williamsport, Md
(Town, county, and state)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Cecil B Rhodes
13. Birthplace Hagerstown, Md
MOTHER
14. Maiden name Katherine Hoffman
15. Birthplace Williamsport, Md.
16. Informant Cecil B Rhodes (father)
Address Kemps Mill Williamsport, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 18, 1939 (month) (day) (year)
Cemetery or crematory Greenlawn Cemetery
Location Williamsport, Md.
18. Funeral director Edith V Leaf
Address Williamsport, Maryland
19. 11-17- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1939, at 12:45 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death	DURATION
Open fracture skull	11/15/39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations NO
Of autopsy NO

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of Nov. 15 '39
Where did injury occur? Hagerstown, Wash., Md. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Wintermoyer Farm
Means of injury Shot-gun Injured at work? Hunting

23. SIGNATURE S. Robert Mills Deputy Med. Exam Wash., Co.; Md. M. D. or other
Address Hagerstown Md Date signed 11-17-39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (173)

CERTIFICATE OF DEATH

11318

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days): 4 Days
Stay in this community (yrs., or mos., or days): 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 54 Blooms alley
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Grace Robinson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife: William Robinson

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Unknown 1906

8. AGE: Years: 33 Months: Days: If less than one day: hrs. min.

9. Birthplace: Stanley Va.
(Town, county, and state)

10. Usual occupation: House Work

11. Industry or business: at Home

FATHER
12. Name: Ambrose Good
13. Birthplace:

MOTHER
14. Maiden name: Ella Caudell
15. Birthplace: Va.

16. Informant: Ray Good
Address: 166 W Church St.

17. Burial (Burial, cremation, or removal Which?) Date thereof: Nov. 10, 1939 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown, Md.

18. Funeral Director: Caldwell
Address: 160 N. Jonathan St

19. 11-10-39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 8 1939, at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw her alive on ____ 19__.

Immediate cause of death	DURATION
Hemorrhage lungs (R&L)	11-8-39
Due to: Gun shot wound (2)	11-8-39
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: As above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: homicide Date of: Nov. 8 '39
Where did injury occur? Hagerstown, Wash. Co., Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?): 54 Bloom's Alley
Means of injury: Gun shot Injured at work? Home

23. SIGNATURE: J. Robert Wells Deputy Med. Exam. Wash., Co., Md.
M. D. or number
Address: Hagerstown, Md. Date signed: 11-8-39

RECEIVED
DEC 6 1939
BUREAU V. S.

11319

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(48)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 17 Garlinger

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 16 Garlinger Av. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Alice Rodgers.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Edward.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jany 18 - 1868

8. AGE: Years 71 Months 9 Days 21 If less than one day ____ hrs. ____ min.

9. Birthplace: Beaver Dam Fred Co Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: ——

FATHER

12. Name: Jacob Skrine

13. Birthplace: Beaver Dam Md

MOTHER

14. Maiden name: Susan Stuttz

15. Birthplace: Beaver Dam Md

16. Informant: Mrs Edna Hildebrand.

Address: Hagerstown. Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov. 12 1939 (month) (day) (year)

Cemetery or crematory: Rose Hill Cem

Location: Hagerstown. Md.

18. Funeral director: Andrew K. Coffman

Address: Hagerstown. Md.

19. 11-11- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1939, at 12 40 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1937 19 to Nov. 10 1939, and that I last saw her alive on Nov. 10 1939.

Immediate cause of death: Carcinoma of os calcis metastasis os calcis

Due to: Metastasis from uterus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of uterus 1937

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE J Melton Layman M.D. M. D. or other

Address Hagerstown. Md Date signed 11/10-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

D. Layman.

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11320

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Homes.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 16 High St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John L. Rosen.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower.

6 (b) Name of husband or wife Mary.

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feby 22 - 1851

8. AGE:

Years	Months	Days	If less than one day
88	8	14.	hrs. min.

9. Birthplace York, York Co Pa.

(Town, county, and state)

10. Usual occupation Carpenter.

11. Industry or business

FATHER 12. Name John Rosen.

13. Birthplace York Pa.

MOTHER 14. Maiden name No Record

15. Birthplace " "

16. Informant Earl C. Shaulz.

Address Hagerstown. Md

17. Burial Date thereof Nov. 8 - 1939.

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cem.

Location Hagerstown. Md.

18. Funeral director Andrew K. Cottman

Address Hagerstown. Md

19. 11-7- 1939 Elliott Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1939. at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Nov 6 1939 and that I last saw him alive on Nov 6 1939.

Immediate cause of death Chronic Myocarditis

DURATION ?

Due to

Due to

Other conditions Marked General Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Bradley M. D. or other

Address Hagerstown, Md Date signed Nov 7, 39

D. Bradley.

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11321

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 week

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 789 Hamilton Blvd. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Lizzie Saltzman

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

8 (b) Name of husband or wife: Abram Saltzman

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown about 1869

8. AGE: Years 70 Months -- Days -- If less than one day ____ hrs. ____ min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: Store Proprieter

11. Industry or business: Clothing Store

FATHER
12. Name: ------- Kaplan
13. Birthplace: Russia

MOTHER
14. Maiden name: Unknown
15. Birthplace: Russia

16. Informant: Miss Ida Saltzman

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 23, 1939 (month) (day) (year)

Cemetery or crematory: Jewish Cemetery Half Way

Location: Near Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. 11-23-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23, 1939 6:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 7, 1939, to Nov. 23, 1939, and that I last saw her alive on November 22, 1939.

Immediate cause of death: Carcinoma of rectum with metastatic carcinomatosis of liver & intestines.

Due to

Due to

Other conditions: Diabetes mellitus.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of rectum, liver & intestines. (11/22/39)

Of autopsy: No autopsy

DURATION: ? ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: R. A. Bell M. D. or other

Address: Hagerstown Md. Date signed Nov. 23, 39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137)

CERTIFICATE OF DEATH

11322

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

near City or ~~town~~ Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Middleburg Pike

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 58 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Washington

near City or ~~town~~ Hagerstown Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Middleburg Pike

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Christian M. Scott

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Susie Rice Scott

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Jan 17 - 1860

8. AGE: Years 79 Months 9 Days 29 If less than one day ___ hrs. ___ min.

9. Birthplace Franklin Co Pa. (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER

12. Name John Scott

13. Birthplace Franklin Co Pa.

MOTHER

14. Maiden name Elizabeth Mole

15. Birthplace Franklin Co Pa.

16. Informant Mrs. Susie Scott

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19 - 1939 (month) (day) (year)

Cemetery or ~~crematory~~ Riverview

Location Williamsport, Md.

18. Funeral director C. M. Suter & Sons

Address Hagerstown Md

19. 11-18- 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/16/39 19 ___, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-1-39 19 ___, to 11/16/39 19 ___, and that I last saw him alive on 11/16/39 19 ___.

Immediate cause of death Congestive Heart Failure — DURATION 1938

Due to

Due to

Other conditions Chronic Prostatitis — 1936

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE [signature] MD M. D. or other

Address Hagerstown Date signed 11/17/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (10b-a)

CERTIFICATE OF DEATH

11323

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 52 E Irvin Av.

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 14 Das.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Chewsville. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barbara Ellen Sensenbaugh.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female.	White	Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 26 - 1839

8. AGE:

Years	Months	Days	If less than one day
99	8	17	hrs. min.

9. Birthplace Wolfsville Frederick Co Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name John Sensenbaugh.

13. Birthplace Wolfsville Md

MOTHER

14. Maiden name Magdalena Toms.

15. Birthplace Foxville Md.

16. Informant Alvin E Sensenbaugh.

Address Smithsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 16 1939. (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Wolfsville Md.

18. Funeral director Andrew K Coffman

Address Hagerstown Md.

19. 11/16 1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1939, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 9, 1939, to Nov. 13, 1939 and that I last saw h alive on Nov 12, 1939

Immediate cause of death	DURATION
Acute Bronchitis	Nov 5, 1939
Acute Cardiac Failure	Nov. 13, 1939
Due to	
Due to	
Other conditions Senility.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown Md Date signed 11-14-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr. Yeager

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11324

1946

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 15 hours 14 hrs.

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 482 Mitchell Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Taylor Z. Shaffer

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife Sarah L. Shaffer

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
68			____ hrs. ____ min.

9. Birthplace near Frederick, Maryland (Town, county, and state)

10. Usual occupation Stone mason

11. Industry or business Self

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name Unknown

15. Birthplace "

16. Informant Burton T. Shaffer

Address Lancaster, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 20, 1939 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director Scott F. Minnich & Son

Address Hagerstown, Maryland

19. 11-14-1939 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1939, at 8:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from XXXX 19__, to 19__, and that I last saw him alive on 19__.

Immediate cause of death	DURATION
Fractured Skull	11/17/3
Due to Fractured ribs & clavicle	11/17/3
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 11/17/39

Where did injury occur? Hagerstown, (City or town) Was., (County) Md. (State)

Injured at home, farm, industry, public place (where?) Walnut St.

Means of injury Unknown Injured at work? No

23. SIGNATURE D. Robert Mills Deputy Med. Exam. Wash., Co., Md.

M. D. or Coroner

Address Hagerstown, Maryland Date signed 11/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-6)

CERTIFICATE OF DEATH

11325

Reg. Diat. No. 306

1. PLACE OF DEATH:

County Washington

City or town Smithsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 77 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Washn

City or town Smithsburg Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Elenora S Shank

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Single

6 (b) Name of husband or wife none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 14 1862

8. AGE:

Years	Months	Days	If less than one day
77	8	22	____ hrs. ____ min.

9. Birthplace Smithsburg
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name John P. Shank
13. Birthplace Smithsburg

MOTHER
14. Maiden name Sarah Ann Adams
15. Birthplace Smithsburg

16. Informant James Shank
Address College Park, Md.

Burial
17. 11/28/39 Date thereof 11/28/39
(Burial, cremation, or removal—Which?) (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro Md

18. Funeral director Wm H. Downey

Address 100 E Balto Hagerstown

19. Nov 27 1939 Geo W. Ferguson Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 1939, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Nov 26 1939, and that I last saw h alive on Nov 26 1939.

Immediate cause of death	DURATION
Cerebral Thrombosis	1 mon
Due to arterio Sclerosis	4 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. E. Kohler
M. D. or other

Address Smithsburg Date signed 11/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

11326

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington

City or town Smithsburg #2 Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 93 yrs 10 mos 29 das.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural-Near Smithsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route 2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Catherine E. Sheeley

3. (b) Social Security Number 0

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband ~~or wife~~ Abram Sheeley

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 19 1845

8. AGE:

Years	Months	Days	If less than one day
93	10	29	____ hrs. ____ min.

9. Birthplace Ringgold Washington Co. Md
(Town, county, and state)

10. Usual occupation House duties

11. Industry or business

FATHER
12. Name George Kohler
13. Birthplace Md.

MOTHER
14. Maiden name Lydia Wilkinson
15. Birthplace Md.

16. Informant Mr J. L. Sheeley
Address Smithsburg Md #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 20, 1939 (month) (day) (year)

Cemetery or crematory Stouffers Cemetery

Location Smithsburg Md #2

18. Funeral director Walter Y. Grove

Address Waynesboro Pa.

19. Nov 20 1939 (Date rec'd by registrar) Steve W. Ferguson local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1939, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 4 1939, to Nov 18 1939, and that I last saw her alive on Nov 18 1939.

Immediate cause of death	DURATION
Cerebral Thrombosis	4 hrs
Due to Arteriosclerosis	4 yrs
Due to —	
Other conditions Chronic myocarditis	6 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE G. E. Kohler M. D. or other

Address Smithsburg Date signed 11/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I) (T) (M)

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93C)

CERTIFICATE OF DEATH

11327

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Washington

City or town Hagers town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: Wash. Co Hospital

Stay in hospital or Inst. (yrs., or mos., or days) 6. das.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro R#2 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George W. Sine.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12 - 1883

8. AGE: Years	Months	Days	If less than one day
56	3	4	hrs. min.

9. Birthplace St Luke, Shenadoh. Va (Town, county, and state)

10. Usual occupation laborer

11. Industry or business

FATHER 12. Name David R. Sine

13. Birthplace Shenandoah. Va.

MOTHER 14. Maiden name Mary R. Coffman

15. Birthplace Coffmantown. Va.

16. Informant Mrs Saml. Stoelzlager

Address Funkstown. Md

17. Burial. Date thereof Nov 17-1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wash. Co Home Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K Coffman

Address Hagerstown. Md.

19. 11/17/39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 16 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 30 1939, to Nov. 16 1939, and that I last saw him alive on Nov. 14 1939.

Immediate cause of death	DURATION
Chronic Myocarditis.	1934
Due to Chronic asthmatic	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. LeVan M. D.

M. D. or other

Address Boonsboro, Md. Date signed Nov. 17, 39

VS A15

W. LeVan.

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-E)

CERTIFICATE OF DEATH

11328

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH.

County Washington

City or town Boonsboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Church St.

Stay in hospital or inst. (yrs., or mos., or days) At Home.

Stay in this community (yrs., or mos., or days) 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Church St.

(If rural give LOCATION)

2(a) ~~IF VETERAN, NAME WAR~~

3. (a) FULL NAME Catherine Virginia Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Harvey J. Smith

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 21 - 1858

8. AGE:

Years	Months	Days	If less than one day
81	1	2	____ hrs. ____ min.

9. Birthplace Myersville Frd. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name George Poffenberger

FATHER 13. Birthplace Myersville Frd. Co. Md.

MOTHER 14. Maiden name Sarah Doub

MOTHER 15. Birthplace Myersville Frd. Co. Md.

16. Informant Mrs. Scott Doub

Address Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 26. 1939 (month) (day) (year)

Cemetery or crematory Boonsboro Mausoleum

Location Boonsboro Md.

18. Funeral director Wm. J. Bast & Son

Address Boonsboro Md.

19. Nov. 25. 1939 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 23 1939, at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22 1939, to November 23 1939, and that I last saw her alive on November 22 1939.

Immediate cause of death	DURATION
Right Sided Failure of Heart.	
Due to	
Due to	
Other conditions Chronic Myocarditis.	1935.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. LeVan M. D.

M. D. or other

Address Boonsboro, Md Date signed 11/25/39.

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11329

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:
County Washington
City or town Eakles Mill (If outside city or town limits, write RURAL NEAR and give town) Rural Near Keedysville
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Eakles Mill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ira Keedy Snively

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nora Bowey Snively
6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) August 23 - 1874

8. AGE:

Years	Months	Days	If less than one day
65	2	4	hrs. min.

9. Birthplace Keedysville, Wash - Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name George W. Snively
13. Birthplace Eakles Mills Rohds Md

MOTHER
14. Maiden name Mary S. Keedy
15. Birthplace Eakles Mill Md

16. Informant George B. Snively
Address Eakles Mill Rural Keedysville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-7-1939 (month) (day) (year)
Cemetery or crematory Fair View
Location Keedysville Md
18. Funeral director R. D. Cameron
Address Keedysville, Md
19. Nov. 6, 1939 (Date rec'd by registrar) R. A. Greeting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1939, at 12.50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 1939, to Nov. 4 1939, and that I last saw him alive on Nov. 4 1939

Immediate cause of death	DURATION
Chronic myocarditis	1939
Due to Arteriosclerosis Chronic	
Due to Fatty Degeneration of Heart	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. W. LeVan M. D.
M. D. or other
Address Boonsboro, Md Date signed Nov. 5, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1900
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (159)

11330

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 912 Hamilton Blvd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Male child of Armand J. Thieblot

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): November 7, 1939

8. AGE: Years 0 Months 0 Days 0 If less than one day hrs. min.

9. Birthplace: Hagerstown- Washington- Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Armand J. Thieblot
13. Birthplace: ------- France

MOTHER
14. Maiden name: Eva Mancieni
15. Birthplace: Hackensack, N. J.

16. Informant: Armand J. Thieblot
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 9, 1939 (month) (day) (year)
Cemetery or crematory: Rest Haven Cemetery
Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. 11-9-1939 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8, 1939, at 5:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 7, 1939, to Nov. 8, 1939, and that I last saw him alive on November 8, 1939.

Immediate cause of death: Prematurity (Mo.)
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Ra Bell M. D. or other
Address: Hagerstown Md. Date signed 11/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (210-m)

CERTIFICATE OF DEATH

11331

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 das.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Pennsylvania County Franklin
City or town Mercersburg R#2 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Allen C. Tosten.
3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widower
6 (b) Name of husband or wife dead Emma.
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 10 - 1888
8. AGE: Years 51 Months 2 Days 14 If less than one day hrs. min.
9. Birthplace Mercersburg Franklin Pa.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Allen C Tosten
13. Birthplace Franklin Co Pa
MOTHER 14. Maiden name Elizabeth Hoover
15. Birthplace Franklin Co. Pa.
16. Informant Mrs Earl Tumphour
Address Chambersburg Md.
17. Burial. Date thereof Nov 27. 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Brethern Cemetery
Location Welsh Run Pa
18. Funeral director F. M. Lininger
Address Mercersburg Pa.
19. 11-25- 1939 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 24 1939, at 8:15 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from xxx 19 , to 19 ,
and that I last saw him alive on 19

Immediate cause of death	DURATION
Fractured ribs	11/22/39
Due to xxx Lacerated lung	
Due to	
Other conditions	

(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 11/22/39
Where did injury occur? Hagerstown Wash., Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Street
Means of injury Automobile Injured at work? No

23. SIGNATURE S. Robert Wells Deputy Med., Exam. Wash. co., Md.
M. D. or
Address Hagerstown, Md Date signed 11/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82a)

11332

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 111 Bloom Alley
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 111 Bloom Alley
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margrette Tutt

3. (b) Social Security Number

4. Sex Female
5. Color or race Col.
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Lester Tutt
6(c) If alive, give age 43 years
7. Birth date of deceased (mo., day, yr.) Aug 20 - 1900
8. AGE: Years 39 Months 2 Days 18 If less than one day ___ hrs. ___ min.
9. Birthplace Hagerstown (Town, county, and state)
10. Usual occupation House work
11. Industry or business At Home
FATHER 12. Name George Yeager
13. Birthplace Shepherdstown W.Va.
MOTHER 14. Maiden name Un Known
15. Birthplace W.Va.
16. Informant Lester Tutt
Address 111 Bloom Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-15-39, (month) (day) (year)
Cemetery or crematory Rosehill Cemetery
Location Hagerstown
18. Funeral director John M Caldwell
Address 16 N Jonathan St Hagerstown Md
19. 11-15-39 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 13 1939 19___, at 4P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw her alive on ___ 19___
Immediate cause of death Cerebral hemorrhage
Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy No

DURATION 11-13-39 1937

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Deputy Me. Exam. Wash., Co.; Md. M. D. or ~~Other~~
Address Hagerstown, Md Date signed 11-14-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11333

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital.
Stay in hospital or inst. (yrs., or mos., or days) Stillborn
Stay in this community (yrs., or mos., or days) Stillborn

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Wash.
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 133 Alexander St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Girl Ward [2nd of Twins]

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Stillborn

B (b) Name of husband or wife Stillborn
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 30, '39

8. AGE: Years Stillborn | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Hagerstown, Md. (Town, county, and state)

10. Usual occupation Stillborn

11. Industry or business

FATHER
12. Name Leo Ward
13. Birthplace Hancock, Md.

MOTHER
14. Maiden name Ruth L. Willard
15. Birthplace Middletown, Md.

16. Informant Leo Ward
Address Hagerstown, Md.

17. Cremated (Burial, cremation, or removal. Which?) Date thereof Dec. 2, '39 (month) (day) (year)
Cemetery or crematory Washington Co. Hosp.
Location

18. Funeral director Wash. County Hospital
Address Hagerstown, Md.

19. 12-2-39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30 1939, at 12 noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Stillborn, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Anencephalic, congenital	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Arthur Baptista, Jr. M.D.
M. D. or other
Address 214 N. Potomac St. Date signed 12-2-'39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

11334

Reg. Dist. No. 306

Dr. R. B. Norment

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Smithsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural - near Smithsburg

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Beaver Creek. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF ~~VETERAN, NAME WAR~~

3. (a) FULL NAME Martha Etta Winders

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

B (b) Name of husband ~~or wife~~ George W. Winders

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June - 7 - 1864

8. AGE:

Years	Months	Days	If less than one day
75	5	23	____ hrs. ____ min.

9. Birthplace Boonsboro Washington Co. Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER

12. Name No Record

13. Birthplace " "

MOTHER

14. Maiden name Delilah Palmer

15. Birthplace Boonsboro Wash. Co. Md

16. Informant G. Eugene Winders

Address Smithsburg Wash. Co. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 3. 1939 (month) (day) (year)

Cemetery or crematory Lutheran Cemetary

Location Beaver Creek Md.

18. Funeral director Wm. J. Bast & Son

Address Boonsboro Md

19. Dec 2nd 1939 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 30th 1939 10.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 19 1939 to November 30 1939, and that I last saw h[er] alive on November 30 1939

Immediate cause of death	DURATION
Diabetes mellitus	3 years.
Due to	
Due to	
Other conditions Diabetic gangrene left foot	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Norment M.D. M. D. or other

Address Hagerstown Date signed Dec 1, 1939

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92a)

CERTIFICATE OF DEATH

11335

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown (WITHIN CORPORATE LIMITS OF)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
311 N. Locust Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown, Md. (WITHIN CORPORATE LIMITS OF) Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 311 N. Locust Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Alice E. Wolfe

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Unknown Albert Wolfe

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8 Unknown 1855

8. AGE: Years	Months	Days	If less than one day
84	2--	11--	hrs. min.

9. Birthplace Cavetown Dist.- Wash. Co., Md.
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER
12. Name William Hawkins
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Unknown Hannah St. Clair
15. Birthplace Unknown Cavetown, Md.

16. Informant Information obtained from friends
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 22, 1939 (month) (day) (year)

Cemetery or crematory Reformed Cemetery

Location Cavetown, Md.

18. Funeral director Fred W. Kraiss,

Address Hagerstown, Md.

19. 11-22- 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 19, 1939 at 3:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 1939, to Nov. 19, 1939, and that I last saw h-- alive on Nov. 18, 1939

Immediate cause of death	DURATION
Secretal Hemorrhage	7 days
Due to Arteria sclerosis & Hypertension	2 Yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B. B. Kreider M. D.
M. D. or Other
Address 148 W. Wash St. Hagerstown Md. Date signed 11/20/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11336

CB

1. PLACE OF DEATH, (159)

County Washington Registration Dist. No. 302

Village or City Hagerstown No. Hagerstown Hosp St., 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds., How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME ~~Still Born~~ Wolfinger

(a) Residence: No. None St., Ward. Greencastle, Pa.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day and year): Nov 22, 1939

7. AGE: Years ___ Months ___ Days ___ If LESS than 1 day, 13 hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hagerstown Md.

FATHER

13. NAME: Howard L. Wolfinger

14. BIRTHPLACE (city or town) (State or country): Chambersburg, Pa.

MOTHER

15. MAIDEN NAME: Martha A. Bitner

16. BIRTHPLACE (city or town) (State or country): Greencastle Pa.

X 17. INFORMANT (Address): Howard L. Wolfinger Greencastle Pa.

18. BURIAL, CREMATION, OR REMOVAL (Place): Cedar Hill Date: Nov 23, 1939

19. UNDERTAKER (Address): Jacob A. Tuler Greencastle Pa.

20. FILED 11-22-, 1939 Chas H Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1939, to Nov. 2, 1939

I last saw him alive on Nov 22, 1939; death is said to have occurred on the date stated above, at 12 15 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity (Gestation 5 mo)	11-22-39

Other Contributory Causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. H. Gilland M. D.

(Address) Greencastle, Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN